

AMENDED IN SENATE APRIL 20, 2016

AMENDED IN SENATE APRIL 6, 2016

SENATE BILL

No. 997

Introduced by Senator Lara

February 10, 2016

An act to add and repeal ~~Section~~ *Sections 14007.81 and 14007.82* of the Welfare and Institutions Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

SB 997, as amended, Lara. Health care coverage: immigration status.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law extends eligibility for full-scope Medi-Cal benefits to individuals under 19 years of age who do not have, or are unable to establish, satisfactory immigration status, commencing after the Director of Health Care Services determines that systems have been programmed for implementation of this extension, but in no case sooner than May 1, 2016.

Existing law requires individuals under 19 years of age enrolled in restricted-scope Medi-Cal at the time the director makes the above-described determination to be enrolled in the full scope of Medi-Cal benefits, if otherwise eligible, pursuant to an eligibility and enrollment plan, as specified. Existing law requires an individual who is eligible pursuant to these provisions to enroll in a Medi-Cal managed care health plan, where available, but does not preclude a beneficiary from being enrolled in any other children's Medi-Cal specialty program that he or she would otherwise be eligible for.

This bill, until January 1, 2019, would authorize the enrollment of eligible children who, as of May 1, 2016, were enrolled in comprehensive, low-cost coverage provided by a health care service plan with a total enrollment in excess of 5 million lives, in full-scope Medi-Cal with the same health care service plan, notwithstanding any other law or existing Medi-Cal managed care contract. *law. The bill would provide that this authorization is applicable only in a county in which a health care service plan with a total enrollment in excess of 5 million lives has a contract or a subcontract for Medi-Cal managed care. The bill would also, until January 1, 2019, authorize the enrollment of eligible children who, as of May 1, 2016, were enrolled in comprehensive, low-cost coverage provided by a Medi-Cal managed care health plan, in full-scope Medi-Cal with the same Medi-Cal managed care health plan, notwithstanding any other law. The bill would require a health care service plan or Medi-Cal managed care health plan described above to provide specified information, subject to approval by the department, to the child's representative regarding the child's transition into the Medi-Cal program. The bill would require the department to provide notice to the child's representative before the child's transition to full-scope Medi-Cal, and would require this notice to contain specified information, including that the child may choose not to transition into the Medi-Cal program, and what this choice will mean for his or her health care coverage and access to health care services. information. The bill would require the department, using its third-party liability database, information provided to it by health care service plans, to determine whether prior to May 1, 2016, an eligible child was enrolled in coverage with a health care service plan with a total enrollment in excess of 5 million lives. The bill would require a Medi-Cal managed care health plan and its designees to work with the department and its designees to facilitate continuity of care and data sharing for the purpose of implementing these provisions.*

This bill would require the department to adopt necessary regulations to implement these provisions, and until those regulations are adopted, would authorize the department to implement these provisions by means of all-county letters, provider bulletins, or other similar instructions without taking regulatory action. The bill would require the department to provide a semiannual status report to the Legislature on the implementation of these provisions, as specified.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the
2 following:

3 (a) No child in California should endure suffering and pain due
4 to a lack of access to health care services.

5 (b) Expanding access and increasing enrollment in
6 comprehensive health care coverage benefits the health and welfare
7 of all Californians.

8 (c) Through the enactment of Senate Bill 75, the California
9 Legislature has extended eligibility for full-scope Medi-Cal benefits
10 to all children in California, regardless of immigration status.

11 (d) Prior to the enactment of Senate Bill 75, some children who
12 otherwise would have been ineligible for full-scope Medi-Cal
13 benefits as a result of their immigration status obtained
14 comprehensive, low-cost coverage as a result of the community
15 benefit program of a health care service plan with an enrollment
16 of more than 5,000,000 Californians. It is the intent of the
17 Legislature in enacting this act to provide for continuity of care
18 for these children, while allowing them to be enrolled in full-scope
19 Medi-Cal.

20 SEC. 2. Section 14007.81 is added to the Welfare and
21 Institutions Code, immediately following Section 14007.8, to read:

22 14007.81. (a) In order to maximize continuity of care and
23 coverage, children eligible for full-scope Medi-Cal benefits
24 pursuant to Section 14007.8 who, as of May 1, 2016, were enrolled
25 in comprehensive, low-cost coverage provided by a health care
26 service plan with a total enrollment in excess of five million lives,
27 shall be enrolled in full-scope Medi-Cal with the same health care
28 service plan if he or she is determined eligible for full-scope
29 Medi-Cal benefits under this chapter, notwithstanding any other
30 ~~law or existing Medi-Cal managed care contract.~~ *law. This*
31 *requirement shall apply only in a county in which a health care*
32 *service plan with a total enrollment in excess of five million lives*
33 *has a contract or a subcontract for Medi-Cal managed care.*

(b) (1) The health care service plan described in subdivision (a) shall provide the following information to the child's representative:

(A) How the child may be determined eligible for full-scope Medi-Cal benefits under this chapter.

(B) How the child may remain enrolled with the health care service plan from which the child obtained health care coverage as of May 1, 2016, if the child's representative chooses.

(C) How the child may obtain coverage from another Medi-Cal managed care health plan contracting with the department under this chapter or Chapter 8 (commencing with Section 14200) or through fee-for-service Medi-Cal, consistent with *the* law.

(2) The information provided pursuant to this subdivision shall be *subject to approval by the department and shall be provided in a fair and accurate manner consistent with the regulations adopted by the board of the California Health Benefit Exchange for the regulation of certified plan-based enrollers pursuant to Section 100503 of the Government Code; that informs the child's representative of the availability of other Medi-Cal managed care health plans and how to contact the department to obtain coverage.*

(c) In order to facilitate continuity of care and coverage, the department shall, ~~using its third-party liability database, information provided to it by health care service plans consistent with Section 14124.90,~~ determine whether prior to May 1, 2016, a child who is eligible for full-scope Medi-Cal benefits pursuant to Section 14007.8 was enrolled in coverage with a health care service plan with a total enrollment in excess of five million lives.

(d) ~~Before the child's transition to full-scope Medi-Cal pursuant to subdivision (a), the~~ The department shall provide the child's representative with timely, linguistically appropriate notice of ~~the transition; the child's enrollment into Medi-Cal and health plan options.~~ This notice shall contain all of the following information:

(1) Which Medi-Cal managed care health plan or plans contain the child's existing primary care ~~provider in those counties~~ *provider, including those instances* in which the health care service plan does not directly contract as a Medi-Cal managed care health plan with the department under this chapter or Chapter 8 (commencing with Section 14200).

(2) That the child, subject to his or her ability to change his or her health plan as described in paragraph (4), will be assigned to

1 his or her existing health care service plan if enrolled in full-scope
2 Medi-Cal benefits after May 1, 2016. If the child wants to keep
3 his or her primary care provider, no additional action will be
4 required.

5 (3) That if the child's existing primary care provider is not
6 contracted with any Medi-Cal managed care health plan in the
7 enrollee's county of residence or if the enrollee's existing health
8 care service plan is not an available Medi-Cal managed care health
9 plan in the child's county of residence, he or she will receive all
10 provider and health plan information required to be sent to new
11 enrollees. If the child does not affirmatively select one of the
12 available Medi-Cal managed care health plans within 30 days of
13 receipt of the notice, he or she will automatically be assigned a
14 plan through the department-prescribed auto-assignment process.

15 (4) That the child may choose any available Medi-Cal managed
16 care health plan and primary care provider in his or her county of
17 residence, if more than one ~~such~~ *Medi-Cal managed care health*
18 *plan* is available in the county where he or she resides, and he or
19 she will receive all provider and health plan information required
20 to be sent to new enrollees and instructions on how to choose or
21 change his or her health plan and primary care provider.

22 (5) That the child does not need to take any action to retain his
23 or her health plan and primary care provider if he or she is enrolled
24 in full-scope Medi-Cal benefits pursuant to subdivision (a).

25 ~~(6) That the child may choose not to transition into the Medi-Cal~~
26 ~~program, and what this choice will mean for his or her health care~~
27 ~~coverage and access to health care services.~~

28 ~~(7) That in counties where no Medi-Cal managed care health~~
29 ~~plans are available, the child will be transitioned into~~
30 ~~fee-for-service Medi-Cal, and provided with all information that~~
31 ~~is required to be sent to new Medi-Cal enrollees, including the~~
32 ~~assistance telephone number for fee-for-service beneficiaries, and~~
33 ~~that, if a Medi-Cal managed care health plan becomes available~~
34 ~~in the residence county, he or she will be enrolled in a Medi-Cal~~
35 ~~managed care health plan according to the enrollment procedures~~
36 ~~in place at that time.~~

37 (e) The health care service plan described in subdivision (a) and
38 its designees shall work with the department and its designees to
39 facilitate continuity of care and data sharing for the purposes of
40 delivering Medi-Cal services.

(f) This section shall apply only to an enrollee in a service area of the health care service plan approved as of ~~January 1, 2017~~: the effective date of this section.

(g) (1) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department, without taking any further regulatory action, shall implement, interpret, or make specific this section by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time any necessary regulations are adopted. Thereafter, the department shall adopt regulations in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(2) Commencing six months after the effective date of this section, and notwithstanding Section 10231.5 of the Government Code, the department shall provide a report on the status of the implementation of this section to the Legislature on a semiannual basis. The submission of the report shall comply with Section 9795 of the Government Code.

~~(g)~~

(h) This section shall remain in effect only until January 1, 2019, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2019, deletes or extends that date.

SEC. 3. Section 14007.82 is added to the Welfare and Institutions Code, to read:

14007.82. (a) In order to maximize continuity of care and coverage, children eligible for full-scope Medi-Cal benefits pursuant to Section 14007.8 who, as of May 1, 2016, were enrolled in comprehensive, low-cost coverage provided by a Medi-Cal managed care health plan shall be enrolled in full-scope Medi-Cal with the same Medi-Cal managed care health plan pursuant to the requirements of this subdivision, notwithstanding any other law.

(b) (1) The health care service plan described in subdivision (a) shall provide the following information to the child's representative:

(A) How the child may be determined eligible for and obtain full-scope Medi-Cal benefits under this chapter.

(B) How the child may obtain coverage from another Medi-Cal managed care health plan contracting with the department under this chapter or Chapter 8 (commencing with Section 14200) for

1 *the child's county of residence, or through fee-for-service*
2 *Medi-Cal, consistent with the law.*

3 *(C) That, if the child is determined eligible for full-scope*
4 *Medi-Cal and does not take any action pursuant to subparagraph*
5 *(B), the child will be enrolled in the Medi-Cal managed care health*
6 *plan described in subdivision (a).*

7 *(2) The information provided pursuant to this subdivision shall*
8 *be subject to approval by the department and provided in a fair*
9 *and accurate manner that informs the child's representative of the*
10 *availability of other Medi-Cal managed care health plans and how*
11 *to contact the department to obtain coverage.*

12 *(c) A Medi-Cal managed care health plan described in*
13 *subdivision (a) and its designees shall work with the department*
14 *and its designees to facilitate continuity of care and data sharing*
15 *to the extent permissible for the purposes of implementing this*
16 *section and delivering full-scope Medi-Cal services.*

17 *(d) The department shall provide the child's representative with*
18 *timely, linguistically appropriate notice of the child's enrollment*
19 *into Medi-Cal and of health plan options consistent with the*
20 *applicable provisions of subdivision (d) of Section 14007.81. The*
21 *notice shall contain all of the following information:*

22 *(1) Which Medi-Cal managed care health plan or plans contain*
23 *the child's existing primary care provider, including those*
24 *instances in which the health care service plan does not directly*
25 *contract as a Medi-Cal managed care health plan with the*
26 *department under this chapter or Chapter 8 (commencing with*
27 *Section 14200).*

28 *(2) That the child, subject to his or her ability to change his or*
29 *her health plan as described in paragraph (3), will be assigned to*
30 *his or her existing health care service plan if enrolled in full-scope*
31 *Medi-Cal benefits after May 1, 2016. If the child wants to keep his*
32 *or her primary care provider, no additional action will be required.*

33 *(3) That the child may choose any available Medi-Cal managed*
34 *care health plan and primary care provider in his or her county*
35 *of residence, if more than one Medi-Cal managed care health plan*
36 *is available in the county where he or she resides, and he or she*
37 *will receive all provider and health plan information required to*
38 *be sent to new enrollees and instructions on how to choose or*
39 *change his or her health plan and primary care provider.*

1 (4) *That the child does not need to take any action to retain his*
2 *or her health plan and primary care provider if he or she is*
3 *enrolled in full-scope Medi-Cal benefits pursuant to subdivision*
4 *(a).*

5 (e) (1) *Notwithstanding Chapter 3.5 (commencing with Section*
6 *11340) of Part 1 of Division 3 of Title 2 of the Government Code,*
7 *the department, without taking any further regulatory action, shall*
8 *implement, interpret, or make specific this section by means of*
9 *all-county letters, plan letters, plan or provider bulletins, or similar*
10 *instructions until the time any necessary regulations are adopted.*
11 *Thereafter, the department shall adopt regulations in accordance*
12 *with the requirements of Chapter 3.5 (commencing with Section*
13 *11340) of Part 1 of Division 3 of Title 2 of the Government Code.*

14 (2) *Commencing six months after the effective date of this*
15 *section, and notwithstanding Section 10231.5 of the Government*
16 *Code, the department shall provide a report on the status of the*
17 *implementation of this section to the Legislature on a semiannual*
18 *basis. The submission of the report shall comply with Section 9795*
19 *of the Government Code.*

20 (f) *This section shall remain in effect only until January 1, 2019,*
21 *and as of that date is repealed, unless a later enacted statute, that*
22 *is enacted before January 1, 2019, deletes or extends that date.*